

Instructions for Completing Form I-765

**This guide answers some areas not clear in USCIS instructions.
Fill out ALL sections.**

**Note: Fill-able form can be found at www.uscis.gov
Under forms, you can type in on pg 10, then print or handwrite on the form.**

OMB No. 1615-0040; Expires 08/31/08

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**I-765, Application For
Employment Authorization**

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied.		
<input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: Permission to accept employment.
 Replacement (*of last employment authorization document*)
 Renewal of my permission to accept employment (*attach previous employment authorization document*).

1. Name (Family Name in CAPS) (First) _____ (Middle) _____	Which USCIS Office? _____	Date(s) _____
2. Other Names Used (Include Maiden Name) _____		Results (Granted or Denied - attach all documentation) _____
3. Address in the United States (Number and Street) _____ (Apt. Number) _____	12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____	
(Town or City) _____ (State/Country) _____ (ZIP Code) _____	13. Place of Last Entry into the U.S. _____	
4. Country of Citizenship/Nationality _____	14. Manner of Last Entry (Visitor, Student, etc.) _____	
5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____	15. Current Immigration Status (Visitor, Student, etc.) _____	
6. Date of Birth (mm/dd/yyyy) _____	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Eligibility under 8 CFR 274a.12 () () ()	
9. Social Security Number (Include all numbers you have ever used) (if any) _____	17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	
10. Alien Registration Number (A-Number) or I-94 Number (if any) _____	Degree: _____ Employer's Name as listed in E-Verify: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____	
11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No		

Certification
Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature _____ Telephone Number _____ Date _____

Signature of person preparing form, if other than above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name _____ Address _____ Signature _____ Date _____

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned



Check this box if this is the first time you are applying for OPT

The address should be the one you will be staying at the next 60-90 days. Your name should be on the mailbox so the carrier can deliver the card. Do not have your mail forwarded. The card will be returned to the immigration office & you may need to apply (with a fee) for a replacement. If you have a relative or friend, you can put c/o which means in care of and the full name of the person and the complete address on line 3.

Look at the white card (I-94) stapled in your passport.

Answer "Yes" if you have ever had an Employment Authorization Document card issued by USCIS. You may answer "No" only if you have had on-campus employment or Curricular Practical Training.

Check this box for the 17 month OPT Extension

Stamped date on your I-94.

Place of entry on your I-94.

You are an F-1 student.

See codes in instructions. Economic Hardship is (c) (3) (iii)
 Pre-completion OPT is (c) (3) (A)
 Post-completion OPT is (c) (3) (B)
 17 month STEM OPT extension is (c) (3) (C)

ONLY IF EXTENDING OPT - Apply 90 days prior to end of 1 year OPT period.

Signature should fit within this space since it will be scanned.